



Montana Agricultural Experimentation Station Animal Use Agreement

(Updated December 30, 2015)

Date of Request: _____ Project Start Date: _____ Project End Date: _____

Type of Use: Research Project ___ Class Use ___ Club Use ___ Other (describe) _____

Project Title: _____

Project Leader: _____

MSU-IACUC Approval Number/Date (if applicable): _____

MSU-AACUC Approval Number/Date (if applicable): _____

Other Project Personnel: Name(s) & Phone Number(s): _____

Animal Requests

Species: _____ Number of Animals: _____ Sex of Animals: _____

Will animal be euthanized? Yes No -- If no, will animal be able to be immediately turned back into herd/flock? Yes No

Services and Resources Provided by MAES Farm Personnel:

Labor (dates, times, descriptions):

Feed (types, amounts, processing required):

Facilities (location):

Equipment (to be used by research team-dates, times, description):

Other (describe):

Index # for Billing:

Signatures:

_ Project Leader (computer signature accepted if emailed from you)

Date

_ Department Head (BART Management will obtain signature if required)

Date

Animal Operations Manager

Date

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